



05-12-03

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PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Box ISSUE FEE
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7590 02/11/2003

Sheridan Ross PC
 1560 Broadway
 Suite 1200
 Denver, CO 80202-5141

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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Amy S. Dmarte

(Depositor's name)

Amy S. Dmarte

(Signature)

May 9, 2003

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/621,830	07/24/2000	Louis Brown Abrams	D.N.7167	6580

TITLE OF INVENTION: FLOCKED TRANSFER AND ARTICLE OF MANUFACTURE INCLUDING THE FLOCKED TRANSFER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$650	\$0	\$650	05/12/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
SINGH, ARTI R	1771	428-090000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
1. Sheridan Ross P.C.
 2. _____
 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

High Voltage Graphics, Inc.

Fort Collins, CO

Please check the appropriate assignee category or categories (will not be printed on the patent) individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

- Issue Fee
 Publication Fee
 Advance Order - # of Copies 10

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 The Commissioner is hereby authorized by _____ to _____ credit any overpayment, to Deposit Account Number 100-1970 (enclose an extra copy of this form).

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(Authorized Signature) 	(Date) May 9, 2003	05/13/2003 52EMDIE2 00000021 09621830
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